MASTER OF SCIENCE DEGREE (Professional Science Track)
FRESHWATER SCIENCES AND TECHNOLOGY

PROFESSIONAL INTERNSHIP
Mid-Term Supervisor Evaluation Form

Thank you for supporting the professional science track student internship program. Your completion of this form will allow us to assess the student’s performance during the internship, and provide the student with valuable feedback regarding his or her strengths and weaknesses as a prospective professional in this field.

Student Name _____________________________ Date __________

Internship Supervisor ____________________________________________

Internship Organization ____________________________________________

Address _________________________________________________________

________________________________________________________________________

________________________________________________________________________

Phone _____________________________________________________________

Email _____________________________________________________________

Internship period: Start Date ___________________ End Date____________________

Is the intern working on a project or performing work identified in the student’s written Internship Proposal? ______

Please describe the project and/or your intern's responsibilities if different from planned responsibilities:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
OVERALL EVALUATION TO DATE of student’s performance:

☐ Exceeded expectations
☐ Met expectations
☐ Did not meet expectations

Additional comments
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Internship Supervisor Signature

Date

Please return completed form to:
Dr. Michael Carvan
UW-Milwaukee School of Freshwater Sciences
600 E Greenfield Ave
Milwaukee, WI 53204
carvanmj@uwm.edu